

Kevin R. Schrubb, I  
 Petitioner

Warden, PRSP et als.  
 Respondent(s)

DECLARATION IN SUPPORT  
 OF REQUEST  
 TO PROCEED  
 IN FORMA PAUPERIS

2:08-cv-1208 KJM PC

I, Kevin R. Schrubb, I, declare that I am the petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? ☐ Yes ☒ No

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. \_\_\_\_\_

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. February 2003, \$10.00 per hour.

2. Have you received, within the past twelve months, any money from any of the following sources?

- a. Business, profession or form of self-employment? ☐ Yes ☒ No
- b. Rent payments, interest or dividends? ☐ Yes ☒ No
- c. Pensions, annuities or life insurance payments? ☐ Yes ☒ No
- d. Gifts or inheritances? ☐ Yes ☒ No
- e. Any other sources? ☐ Yes ☒ No

**FILED**

JUN - 2 2008

CLERK, U.S. DISTRICT COURT  
 EASTERN DISTRICT OF CALIFORNIA

BY

DEPUTY CLERK

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months: \_\_\_\_\_

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts)  
☐ Yes ☒ No

If the answer is yes, state the total value of the items owned: \_\_\_\_\_

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property? (Excluding ordinary household furnishings and clothing) ☐ Yes ☒ No

If the answer is yes, describe the property and state its approximate value: \_\_\_\_\_

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: NO ONE.

I, declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on May 9, 2008  
Date

Kevin R. Schuchle, I  
Signature of Petitioner

CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$ 0 on account to his credit at the Kern Valley State Prison institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: n/a

5/20/08  
Date

George M. Seed  
Authorized Officer of Institution/Title of Officer

REPORT ID: TS3030 701

REPORT DATE: 05/20/08  
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
PELICAN BAY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2008 THRU MAY 20, 2008

ACCOUNT NUMBER : V55932 BED/CELL NUMBER:  
ACCOUNT NAME : SCHRUBB, KEVIN RAY SR ACCOUNT TYPE: D  
PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: 5-20-08  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY J. K. Lippin  
TRUST OFFICE

REPORT ID: TS3030 .701

REPORT DATE: 05/20/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 KERN VALLEY STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2008 THRU MAY 20, 2008

ACCOUNT NUMBER : V55932                      BED/CELL NUMBER: FAB00000000231L  
 ACCOUNT NAME : SCHRUBB, KEVIN RAY SR              ACCOUNT TYPE: I  
 PRIVILEGE GROUP: B

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

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CURRENT  
 AVAILABLE  
 BALANCE

0.00



THE WITHIN INSTRUMENT IS A  
 CORRECT COPY OF THE TRUST  
 ACCOUNT MAINTAINED BY THIS OFFICE  
 ATTEST:

CALIFORNIA DEPARTMENT OF  
 CORRECTIONS AND REHABILITATION

*[Signature]*  
 TRUST OFFICE